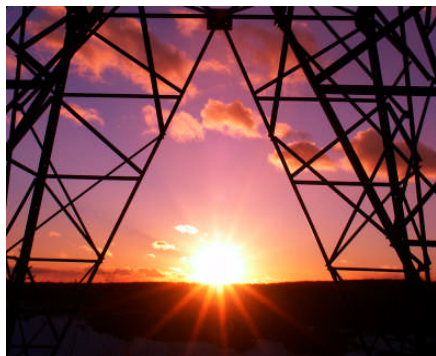


RMD Bulletin

Knowledge is power...



State DMH Will Not Accept Late Code 3 After Sept. 30

Effective **September 30, 2011**, the State Department of Mental Health (State DMH or the State) will discontinue allowing the use of Late Code 3 on new, original Medi/Medi claims. Denied Late Code 3 claims may be replaced through the 97-day period after 9/30/11. The State will deny new original claims with Late Code 3 received after 9/30/11; State DMH will deny replacement claims with Late Code 3 received after January 5, 2012.

Directly operated providers, in order to ensure that your Medi/Medi claims are accepted by the State by September 30, please adhere to the following claims submission deadlines:

- New, original Medi/Medi claims must be submitted to the Integrated System (IS) no later than September 16, 2011
- Replacement claims must be submitted to the IS by December 23rd

Late Code 3 only applies to services to Medi/Medi clients where the State changed the requirement to have Medicare adjudicate the claim prior to billing Medi-Cal. For Los Angeles County Department of Mental Health (LACDMH) providers, Late Code 3 should be used on claims that were delayed because of the taxonomy of the rendering provider, the place of service was school, or because the procedure code is not billable to Medicare.

Remember, you are only able to replace a claim one time in the IS. If that replacement claim was denied by State DMH and you want to correct it and submit the corrections to the State, then you must submit a new, original claim with the updated information. New claims must be received by the State within twelve (12) months from the month of service or it will be denied.

We're here to help you...

If you have any questions or require further information, please do not hesitate to contact RMD at (213) 480-3444 or RevenueManagement@dmh.lacounty.gov.